

LANCASTER COUNTY SHERIFF'S OFFICE



PERSONAL HISTORY STATEMENT

REVISED: 05/2013

Office of the Sheriff Lancaster County



575 South 10th Street
Lincoln, Nebraska 68508 – 2869
Phone (402) 441-6500 Fax (402) 441-8320

Terry T. Wagner – Sheriff

Jeffrey J. Blumeister – Chief Deputy

AUTHORIZATION FOR RELEASE OF INFORMATION AND WAIVER OF PRIVILEGE

I, _____, hereby authorize the Lancaster County Sheriff's Office to receive written and/or oral information from any of the following sources for the purpose of determining my suitability as a Deputy Sheriff.

- Federal Bureau of Investigation (F.B.I.) (including, but not limited to, "rap-sheets," "triple I index" and/or any other information deemed advisable by the F.B.I. concerning my background).
- Any other agencies of the United States Government
- Any branch of Armed Forces of the United States or any foreign government.
- Any state, county or municipal government agency whether or not involved in law enforcement.
- Any previous employer.
- Any reference provided by me.
- Any credit reporting agencies and/or creditors of mine.
- Any medical professionals, hospitals, and/or health care providers.

To the extent any public or private entity requires specific written authorization from me as a condition of releasing information; it is my desire that this document be considered such an authorization. Furthermore, I hereby release you, your organization, or others from any liability or damage which may result from furnishing the requested information.

It is my desire that a photocopy reproduction of this authorization have the same force and effect as the original.

Applicant Signature

Date

Witness

Date

Pre-Employment Investigation Discovery Waiver

As an applicant to the Lancaster County Sheriff's Office for the position of Deputy Sheriff, I recognize that an employing law enforcement agency has a legal, as well as moral obligation, to take every reasonable effort to ensure that persons employed by them as peace officers, or in other positions, conform to the very highest standards.

Therefore, I release and hold harmless the Lancaster County Sheriff's Office and their Personnel, agents, or assigns, now and in the future, from any claim or damages in law of inequity on behalf of myself, my heirs and assigns, for their refusal to make available any and all of the information contained in this pre-employment investigation, including, but not limited to, the identity(ies) of any person(s) and/or organization(s) which may have supplied information in the course of this investigation, as well as the substance of any information supplied.

I hereby waive my right, now and in the future, to examine, review, or otherwise discover the contents of this investigation and all related documents thereto.

Dated this _____ day of _____, 20____.

Signature of Applicant

Subscribed and Sworn to before me the _____ day of _____,
20_____.

Notary Public in and for said County of Lancaster, State of Nebraska.

Notary Public

LANCASTER COUNTY SHERIFF'S OFFICE PERSONAL HISTORY STATEMENT

READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

1. Your Personal History Statement should be printed legibly in ink. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
6. An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.

You MUST bring this completed Personal History Statement along with copies of the required documents with you on the date of your testing.

Sheriff's Office Personnel Only

Interviewer _____ Date _____ Time _____

INTERVIEW CHECKLIST

Applicant Name _____

Date / Time of Interview _____ / _____

Documents Needed

Obtained

Valid Operators License _____

Social Security Card _____

Birth Certificate _____

High School Transcripts and Diploma _____

College Transcripts and Diploma _____

Marriage Certificate for each Marriage _____

Divorce Decree for each Divorce _____

Military DD214 _____

Forms Needed

Completed

Americans w/Disabilities Form _____

Release of Information Form _____

Personal History Statement _____

Personal History Statement

A. APPLICANT IDENTIFICATION - Information provided in this section is used for identification purposes only.

1. Legal Name _____
Last First Middle

2. Address _____
Number Street
City State Zip Code
Email Address(s) _____

3. Telephone # Home () _____ - _____ Cell () _____ - _____

4. Date of Birth _____
Month Day Year

5. Nickname(s), maiden name, or other names by which you have been known _____

6. Social Security Number _____ - _____ - _____

7. Place of Birth _____
City County State

8. Are you a U.S Citizen _____
Yes No

9. Driver's license # _____

State of Issue _____

10. Height _____ 11. Weight _____

12. Color of Eyes _____ 13. Color of Hair _____

14. Scars, Tattoos or Other Distinguishing Marks

Per the Lancaster County Sheriff's Office Standard Operating Procedures, "permanent skin designs (tattoos) or body piercing (with the exception of stud earrings) shall not be visible while on duty. Employees who have permanent skin designs (tattoos) shall ensure their clothing or an opaque covering renders the design (tattoo) not visible to the public." Please list all tattoos and locations.

B. RESIDENCES -list all addresses where you have lived during the past 10 years beginning with present address. List date by month and year. Attach extra pages if necessary.

1. Present Address First - Dates resided here

| | |
|---------------------------|-----------------------|
| From _____ To _____ | Address: _____ |
| Landlord Name: _____ | Address: _____ |
| Ph # () _____ - _____ | E-Mail Address: _____ |
| Rent or Own? _____ | |
| Co-Habitants? Name: _____ | Address: _____ |
| Ph# () _____ - _____ | E-mail Address: _____ |
| Co-Habitants? Name: _____ | Address: _____ |
| Ph# () _____ - _____ | E-mail Address: _____ |
| Co-Habitants? Name: _____ | Address: _____ |
| Ph# () _____ - _____ | E-mail Address: _____ |

| | |
|---------------------------|-----------------------|
| From _____ To _____ | Address: _____ |
| Landlord Name: _____ | Address: _____ |
| Ph # () _____ - _____ | E-Mail Address: _____ |
| Rent or Own? _____ | |
| Co-Habitants? Name: _____ | Address: _____ |
| Ph# () _____ - _____ | E-mail Address: _____ |
| Co-Habitants? Name: _____ | Address: _____ |
| Ph# () _____ - _____ | E-mail Address: _____ |
| Co-Habitants? Name: _____ | Address: _____ |
| Ph# () _____ - _____ | E-mail Address: _____ |

| |
|-------------------------------------------------|
| From _____ To _____ Address: _____ |
| Landlord Name: _____ Address: _____ |
| Ph # () _____ - _____ E-Mail Address: _____ |
| Rent or Own? _____ |
| Co-Habitants? Name: _____ Address: _____ |
| Ph# () _____ - _____ E-mail Address: _____ |
| Co-Habitants? Name: _____ Address: _____ |
| Ph# () _____ - _____ E-mail Address: _____ |
| Co-Habitants? Name: _____ Address: _____ |
| Ph# () _____ - _____ E-mail Address: _____ |

| |
|-------------------------------------------------|
| From _____ To _____ Address: _____ |
| Landlord Name: _____ Address: _____ |
| Ph # () _____ - _____ E-Mail Address: _____ |
| Rent or Own? _____ |
| Co-Habitants? Name: _____ Address: _____ |
| Ph# () _____ - _____ E-mail Address: _____ |
| Co-Habitants? Name: _____ Address: _____ |
| Ph# () _____ - _____ E-mail Address: _____ |
| Co-Habitants? Name: _____ Address: _____ |
| Ph# () _____ - _____ E-mail Address: _____ |

| |
|-------------------------------------------------|
| From _____ To _____ Address: _____ |
| Landlord Name: _____ Address: _____ |
| Ph # () _____ - _____ E-Mail Address: _____ |
| Rent or Own? _____ |
| Co-Habitants? Name: _____ Address: _____ |
| Ph# () _____ - _____ E-mail Address: _____ |
| Co-Habitants? Name: _____ Address: _____ |
| Ph# () _____ - _____ E-mail Address: _____ |
| Co-Habitants? Name: _____ Address: _____ |
| Ph# () _____ - _____ E-mail Address: _____ |

2. Have the police ever been called to any of your residences for ANY reason?

Yes___ No___ *If yes, please explain: _____

3. Have you ever had any problems with any landlord, neighbors or other tenants?

Yes_____ No_____ *If yes, please explain: _____

4. Have you ever been late on your rent? Yes_____ No_____

*If yes, please explain: _____

5. Have you ever been evicted from a residence? Yes_____ No_____

*If yes, please explain: _____

C. **EDUCATIONAL HISTORY**

1. High School(s) Attended City & State Dates Attended From _____ To _____ Graduated (yes or No)
- _____
- _____
- _____
2. College or university attended _____
- City & State _____ Dates attended _____
- Units Completed _____ Major/Minor _____
- Degree received, if any & date _____
- College or university attended _____
- City & State _____ Dates attended _____
- Units Completed _____ Major/Minor _____
- Degree received, if any & date _____
- College or university attended _____
- City & State _____ Dates attended _____
- Units Completed _____ Major/Minor _____
- Degree received, if any & date _____

3. List other schools attended (trade, vocations, business, etc). Give name and address of school, dates attended, course of study, certificate, and any other pertinent information.

4. During High School were you involved in any extra-curricular activities? Yes____ No____ *If yes, please explain: _____

5. What awards and/or recognition did you receive in High School? _____

6. During college were you involved in any extra-curricular activities? Yes____ No____
*If yes, please explain: _____

D. WORK HISTORY - beginning with your present or most recent job, list all employment since the age of 16, including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary.

1. From _____ To _____ Employer _____
Address _____ Phone _____
City/State Zip
Job title _____
Duties _____
Supervisor _____ Name of co-worker _____
Reason for leaving _____

May we contact your current employer? Yes _____ No _____

2. From _____ To _____ Employer _____
Address _____ Phone _____
City/State Zip
Job title _____
Duties _____
Supervisor _____ Name of co-worker _____
Reason for leaving _____

3. From _____ To _____ Employer _____
Address _____ Phone _____
City/State Zip
Job title _____
Duties _____
Supervisor _____ Name of co-worker _____
Reason for leaving _____

4. From _____ To _____ Employer _____
Address _____ Phone _____
City/State Zip
Job title _____
Duties _____
Supervisor _____ Name of co-worker _____
Reason for leaving _____
5. From _____ To _____ Employer _____
Address _____ Phone _____
City/State Zip
Job title _____
Duties _____
Supervisor _____ Name of co-worker _____
Reason for leaving _____
6. From _____ To _____ Employer _____
Address _____ Phone _____
City/State Zip
Job title _____
Duties _____
Supervisor _____ Name of co-worker _____
Reason for leaving _____

E. SPECIAL QUALIFICATIONS & SKILLS

1. List any special licenses you hold (such as pilot, radio operator, scuba, etc.), showing licensing authority, original date of issue, and date of expiration.

2. List any specialized machinery or equipment that you can operate.

3. If you are fluent in a foreign language, indicate in each area your degree of fluency (excellent, good, fair)

| Language | Reading | Speaking | Understanding | Writing |
|----------|---------|----------|---------------|---------|
| <hr/> | <hr/> | <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> | <hr/> | <hr/> |

4. List any other special skills or qualifications you may possess.

5. Have you ever had a professional license suspended or revoked?
Yes____ No____ *If Yes, please explain: _____

F. *MILITARY SERVICE*

1. Have you served in the US Armed forces? Yes _____ No _____
2. Date of Service: From _____ to _____ Branch of Service _____
Unit designation _____
Military service number _____ Highest Rank Held _____
Type of discharge _____
3. Did you receive any awards or recognition while in the military? Yes____ No ____
* If Yes, Please list them: _____

4. Are you eligible to reenlist? Yes____ No_____
5. Were you ever turned down by any of the Armed Forces? Yes____ No_____
6. Did you receive any judicial or non-judicial discipline while in the military?
Yes ____ No_____
7. Were you ever charged with a violation of the UCMJ? Yes____ No _____
8. Have you ever been involved in a traffic accident or received a traffic citation while
on a military base or in a foreign land? Yes____ No_____
9. If you answered YES to any question #5-#9, please explain: _____

G. MARITAL & FAMILY HISTORY

1. Are you? ___ Single ___ Engaged ___ Married ___ Separated ___ Divorced ___ Widowed
2. If engaged:
Name of fiancé _____
Address _____
Phone _____
3. If married:
Spouse's name (wife's maiden name) _____
Date _____
City & state _____
4. If ever separated, divorced or widowed:
Date of marriage _____
City and State _____
Spouse's name (wife's maiden name) _____
Present Address _____
Phone _____
Separated, divorced or annulled (State which) _____
Date of order or decree _____
Court & state where issued _____

If ever separated, divorced or widowed:
Date of marriage _____
City and State _____
Spouse's name (wife's maiden name) _____
Present Address _____
Phone _____
Separated, divorced or annulled (State which) _____
Date of order or decree _____
Court & state where issued _____

5. List all children related to you or your spouse (natural, adopted & foster children)

| Name | Relation | Date of Birth | Address | Supported by whom |
|-------|----------|---------------|---------|-------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

List all other dependents

| Name | Relation | Address |
|-------|----------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

7. List all other relatives in the following order: father, mother (include maiden name), brothers & sisters. If deceased, so indicate.

| Name | Relation | Age | Address | Phone # |
|-------|----------|-------|---------|---------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

H. MEMBERSHIP IN ORGANIZATION (past and/or present)

| Name & Address | Type (Social, Fraternal, Professional, Etc.) | From | To |
|----------------|----------------------------------------------|------|----|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

I. REFERENCES

List five persons who know you well enough to provide current information about you. Do not list relatives or former employers.

Name _____ Years Known _____
Address _____
Street _____
City State Zip Phone _____
Business Address _____ Phone _____
E-mail _____

Name _____ Years Known _____
Address _____
Street _____
City State Zip Phone _____
Business Address _____ Phone _____
E-mail _____

Name _____ **Years Known** _____
Address _____
 Street
 _____ **Phone** _____
 City State Zip
Business Address _____ **Phone** _____
E-Mail _____

Name _____ Years Known _____
 Address _____
 Street _____
 Address _____ Phone _____
 City _____ State _____ Zip _____
 Business Address _____ Phone _____
 E-mail _____

Name _____ Years Known _____
 Address _____
 _____ Street _____
 Address _____ Phone _____
 _____ City _____ State _____ Zip _____
 Business Address _____ Phone _____
 E-mail _____

J. FINANCIAL HISTORY

1. What is your present salary or wages _____
2. Do you have income from any source other than your principal occupation?
Yes____ No ____
*If yes, How much? _____
How often? _____
The source? _____

3. Do you own any real estate? Yes ____ No ____
Value: \$ _____ Location: _____
4. Do you own any bonds, government or other?
Yes ____ No ____ Value: \$ _____
5. Do you own any corporate stock?
Yes ____ No ____ Value: \$ _____
6. Do you have a bank account? Yes ____ No ____
Savings
Average balance: \$ _____
Name & address of Bank _____
Checking
Average balance: \$ _____
Name & address of Bank _____
7. Have you ever had a bill turned over to a collection agency? Yes ____ No ____
*If yes, please explain:

8. Have your wages ever been garnished? Yes ____ No ____
9. Have you ever had any purchased goods repossessed? Yes ____ No ____
10. Have you ever been delinquent on child support, income tax or other tax payments or simply failed to make those said payments? Yes ____ No ____
*If yes, please explain: _____

FINANCIAL OBLIGATIONS

Give names and addresses of the individuals, companies, or others to whom you are indebted, and the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts and payments. Include account numbers where applicable.

| Type | Name & Address Of Creditor | Reason for Debt or Item Purchased | Account Number | Total balance | Monthly Pmts. |
|-------|-------------------------------|--------------------------------------|-------------------|------------------|------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

K. ARRESTS, DETENTIONS AND LITIGATION

1. Have you ever been arrested, detained by police, or summoned into court? Yes ____ No ____
If yes, complete the following (list juvenile as well as adult occurrences)

| Reason for Contact | Criminal Charge | Agency City/State | Date (mo/yr) | Disposition of case |
|-----------------------|--------------------|----------------------|-----------------|------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

2. Have you ever committed a felony or misdemeanor offense for which you were not contacted by a law enforcement officer? Yes____ No _____
If yes, explain _____

3. Have you ever been involved as a party in civil litigation? Yes_____ No _____
If yes, give details _____

L. TRAFFIC RECORD

1. Have you possessed a driver's license in a state other than that currently held? Yes ____ No ____ If yes, list states _____

2. Has your driver's license ever been suspended or revoked?
Yes ____ No ____ If yes, give date, location and reasons _____

3. With what company do you carry auto insurance _____

4. List to the best of your memory all driving citations you have received as an adult or juvenile, excluding parking tickets.

| Month & Year | Charge | City & State | Disposition |
|--------------|--------|--------------|-------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

5. Describe in a brief narrative any traffic accidents in which you have been involved in, giving approximate dates and locations.

6. Have you ever driven while your driver's license was suspended? Yes___ No___

7. Have you ever had a traffic citation turn into a failure to appear warrant? Yes___ No___

M. *PERSONAL DECLARATIONS*

1. Describe in your own words the frequency and extent of your use of intoxicating liquors.

2. Have you ever used any of the following controlled substances?

| | | | |
|---------------|-----|-------------------|-----|
| Marijuana | Y N | Cocaine | Y N |
| Crack cocaine | Y N | Methamphetamine | Y N |
| Heroin | Y N | Acid/LSD | Y N |
| Mushrooms | Y N | Anabolic steroids | Y N |
| Inhalants | Y N | | |

Any other illegal or controlled substance not listed Y N

*If yes, explain in detail: _____

3. Have you ever sold or furnished drugs or narcotics to anyone?
Yes ___ No___
*If yes, explain in detail. _____

4. Have you used prescription drugs not prescribed to you? Yes ___ No___
Have you used prescription drugs in a manner other than intended by
your physician? Yes ___ No___
*If yes to either question explain: _____

5. Have you ever gambled? Yes ___ No___ *If yes, how often and what type?

6. Have you ever bet through a bookie? Yes___ No___
7. Have you ever bet on a sporting event? Yes___ No___
8. What kind of websites do you visit? _____

9. Have you ever used a false ID? Yes___ No___ *If yes, please explain: _____

10. Have you ever paid or ever been paid for any sexual activity? Yes___ No___
*If yes, please explain: _____

11. Have you ever had a protection order or restraining order against you?
Yes___ No___ *If yes, explain: _____

12. Have you ever lost your temper? How did you handle the incident? _____

13. Have you ever damaged property or struck another person in anger?
Yes ___ No ___ *Explain: _____

14. If it became necessary to take a human life in the course of your duties as a
Deputy Sheriff, would any beliefs prevent you from doing so? Yes___ No___
If yes, explain _____

15. Are you capable of fully performing the duties of a Deputy Sheriff, including
working on weekends, evenings or night shifts? Yes___ No _____
If no, explain. _____

16. Have you ever made application for employment with this or any other law
enforcement or related agency? Yes _____ No _____ If yes, explain below.

| Agency name, city and state | Date | Status of application |
|-----------------------------|-------|-----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

17. Are there any incidents in your life or details not mentioned herein which may influence this department's evaluation of your suitability for employment as a deputy sheriff? Yes ____ No ____
If yes, explain. _____

Discrimination: Unequal treatment of persons without adequate justification because of their race, religious creed, color, national origin, ancestry, physical/medical handicap, medical condition, pregnancy, marital status, sex, sexual orientation, age, political beliefs or other non-merit factor.

Sexual Harassment: Influencing, offering to influence or threatening the career, pay or job of another person in exchange for sexual favors, unwelcome sexual advances or deliberate or repeated comments, written material, gestures or physical contact of a sexual nature in a work or work related environment.

1. Have you ever discriminated against anyone? Yes ____ No ____
2. Have you ever sexually harassed anyone? Yes ____ No ____
3. Have you ever been accused of discriminating against or sexually harassing someone? Yes ____ No ____
4. Have you ever used any racist language in conversations or jokes? Yes ____ No ____
5. Do you have any prejudices or biases that could influence your judgment or ability to enforce the law? Yes ____ No ____

*If you answered yes to any of these question (#1 through #5) explain:

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection or termination of employment.

Date _____